

1349

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Mohave</u> State <u>ARIZONA</u>		State File No. <u>276</u>	
Township <u>Kingman</u>		City <u>Kingman</u>		Registered No. <u>10</u>	
Length of residence in city or town where death occurred <u>40</u> yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.		Ward	
2. FULL NAME <u>Sadie Blakely</u>		How long in State when death occurred? <u>40</u> yrs. mos. ds.		Str.	
(a) Residence: No. <u>Kingman Arizona</u>		Str. <u>108</u> Ward		(If non-resident give city or town and State)	
(Usual place of abode)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>Cauc</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ross H. Blakely</u>					
6. DATE OF BIRTH (month, day, and year) <u>Nov 20 1862</u>					
7. AGE	Years <u>71</u>	Months <u>2</u>	Days <u>29</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city or town) <u>Newark County</u> (state or country) <u>Mo</u>					
13. NAME <u>James S. Wilson</u>					
14. BIRTHPLACE (city or town) <u>Ohio</u> (State or country)					
15. MAIDEN NAME <u>Cell</u>					
16. BIRTHPLACE (city or town) <u>Pennsylvania</u> (State or country)					
17. INFORMANT <u>Ross H. Blakely</u> (Address) <u>Kingman Arizona</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Kingman Arizona</u> Date <u>Feb 23 1934</u>					
19. UNDERTAKER <u>San Martin</u> (Address) <u>Kingman Arizona</u>					
20. Filed <u>Feb 20 1934</u> <u>Walter Payne</u> Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>Feb 19 1934</u>					
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 12 1934</u> to <u>Feb. 19 1934</u>					
I last saw her alive on <u>Feb. 19 1934</u> ; death is said to have occurred on the date stated above, at <u>7:30 P. m.</u>					
The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u>					
Other contributory causes of importance: <u>Coronary disease</u> <u>Asthma</u>					
Name of operation Date of					
What test confirmed diagnosis? Was there an autopsy?					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19					
Where did injury occur? (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury					
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?					
If so, specify					
(Signed) <u>T. R. White</u> M. D.					
(Address) <u>T. R. White, Kingman Arizona</u>					